

NO RCRA

5E0401-AC403

NFA-UYW
7/26/88no haz
substance

EPA 0910000000		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
				01 STATE 1LD	02 SITE NUMBER 025562331
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site) JOSEPH ARNOVE SCRAP METAL		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER RTE 45/52 NEAR I-57			
03 CITY KANKAKEE	04 STATE IL	05 ZIP CODE 60901	06 COUNTY KANKAKEE	07 COUNTY CODE 091	08 CONG DIST 17
09 COORDINATES LATITUDE 41 04 40.0		LONGITUDE 087 52 00.0		KANKAKEE (7.5 min.) QUAD	
10 DIRECTIONS TO SITE (Starting from nearest public road) NORTH ON I-57 TO ROUTE 52/45, NORTH ON 52/45, SITE PROPERTY IS JUST NORTH OF I-57 OVERPASS ON EAST SIDE OF 52/45.					
III. RESPONSIBLE PARTIES					
01 OWNER (if known) JOSEPH ARNOVE		02 STREET (Business, mailing, residential) 29 OAK DRIVE			
03 CITY KANKAKEE	04 STATE IL	05 ZIP CODE 60901	06 TELEPHONE NUMBER 851937-9522		
07 OPERATOR (if known and different from owner) SAME		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 d) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 4.10.80 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input checked="" type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1958 ENDING YEAR 1985 <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED DRUMS WHICH PREVIOUSLY CONTAINED SOY BEAN OIL & VITAMIN E					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION NONE					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Materials) <input type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C. LOW (inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT KENNETH W. CORKILL		02 OF (Agency/Organization) IEPA		03 TELEPHONE NUMBER 217-782-6761	
04 PERSON RESPONSIBLE FOR ASSESSMENT KENNETH W. CORKILL		05 AGENCY IEPA	06 ORGANIZATION RPMS	07 TELEPHONE NUMBER 217-782-6761	08 DATE 12.11.87 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

#00858 TW

EPA Region 5 Records Ctr.



291374

RECEIVED
DEC 18 1987Program
Support Section



USEPA FILES — IDENTIFICATION & P.A. COMPLETED 3-14-80 &
4-14-80 RESPECTIVELY
SI CONDUCTED — 4-10-80



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

12D 025562331

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

DRUMS EMPTY & AWAITING SHIPMENT.
NO HAZARDOUS SUBSTANCES PRESENT
SEE EXECUTIVE SUMMARY

01 ☐ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 AREA POTENTIALLY AFFECTED: _____

(Acres)

04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 WORKERS POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

02 ☐ OBSERVED (DATE _____)

POTENTIAL

ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

14D 025562331

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

SEE EXECUTIVE SUMMARY

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, overflowing ponds, leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Executive Summary

The Joseph Arnove Scrap Metal site on the north side of Interstate 57 and east of route 52/45 began operation in 1958 and ceased operating in 1985 when the owner retired.

The site occupied approximately 2 acres in the SW $\frac{1}{4}$, SW $\frac{1}{4}$, SW $\frac{1}{4}$, Section 17, Township 30 North - Range 13 West in Kankakee County, Illinois.

The scrap metal yard was inspected once by USEPA personnel after it was noticed in an aerial photograph. The inspection took place on April 10, 1980 and revealed that the drums (approximately 300) were empty and piled on top of various other scrap metal awaiting shipment for recycling. The drums had previously contained soy bean oil and vitamin E. They were empty when Mr. Arnove received them. The site was a storage area for the company which was registered.

Based on the information above this author suggests no further action be taken.

KC:kh/e-1

cc: Division File
Maywood Region

